

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 226 Primary Registration District No. 4252 Registrar's No. 46

FILED MAY 22 1963

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Morgan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u> | | c. CITY OR TOWN <u>Jipton</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kidwell Rest Home</u> | | d. STREET ADDRESS (If outside, give location) <u></u> | |
| 3. NAME OF DECEASED (Type or print) First <u>BESSIE</u> Middle <u>MYRTLE</u> Last <u>BRADY</u> | | 4. DATE OF DEATH Month <u>MAY</u> Day <u>16</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Can.</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>10-17-98</u> |
| 9. AGE (last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | |
| 11. BIRTHPLACE (City and state or country) <u>Latham, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charlie Bayne</u> | | 13b. MOTHER'S MAIDEN NAME <u>Veta Howard</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Edward Brady</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u></u> | | 17. INFORMANT <u>66 Sam Bayne Jipton, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute congestive circulatory failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | |
| DUE TO (b) <u>Decompensated hypertensive heart disease</u> | | <u>March '63</u> | |
| DUE TO (c) <u>Heart disease, arteriosclerosis</u> | | <u>May '59</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u> | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Off and on since</u> | 20f. CITY, TOWN, OR LOCATION <u></u> | | |
| 20g. COUNTY <u></u> | | 20h. STATE <u></u> | |
| 21. I attended the deceased from <u>May 11, 1959</u> to <u>May 16, 1963</u> and last saw her alive on <u>May 1, 1963</u> Death occurred at <u>10:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>P. F. Eckhoff D.O.</u> | | 22b. ADDRESS <u>Versailles, Missouri</u> | |
| 22c. DATE SIGNED <u>5-17-63</u> | | 22d. SIGNATURE <u></u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>18 May 63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Moniteau Co., Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Richard D. Conn - Jipton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5-18-63</u> | 26. REGISTRAR'S SIGNATURE <u>J. L. West</u> | |

**USE BLACK INK
OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Jupiter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.